

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the Accusation)
Against:)**

LINGAIAH JANUMPALLY M.D.)

File No. 8002015018216

**Physician's and Surgeon's)
Certificate No. A44785)**

**Respondent)
_____)**


DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on August 31, 2018.

IT IS SO ORDERED August 1, 2018.

MEDICAL BOARD OF CALIFORNIA

By: 
Ronald H. Lewis, M.D., Chair
Panel A

1 XAVIER BECERRA
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 VLADIMIR SHALKEVICH
Deputy Attorney General
4 State Bar No. 173955
300 So. Spring Street, Suite 1702
5 Los Angeles, CA 90013
Telephone: (213) 269-6538
6 Facsimile: (213) 897-9395
Attorneys for Complainant
7

8 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
9 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

10 In the Matter of the Accusation Against:

Case No. 800-2015-018216

11 LINGAIAH JANUMPALLY, M.D.
12 42135 10th Street West, Suite 301
13 Lancaster, CA 93534

OAH No. 2017120133

14 Physician's and Surgeon's Certificate No. A
44785

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

15 Respondent.
16

17 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
18 entitled proceedings that the following matters are true:

19 PARTIES

20 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
21 of California (Board). She brought this action solely in her official capacity and is represented in
22 this matter by Xavier Becerra, Attorney General of the State of California, by Vladimir
23 Shalkevich, Deputy Attorney General.

24 2. Respondent Lingaiah Janumpally, M.D. (Respondent) is represented in this
25 proceeding by attorney Thomas F. McAndrews, whose address is: 1230 Rosecrans Ave., Suite
26 450, Manhattan Beach, CA 90266

27 3. On May 2, 1988, the Board issued Physician's and Surgeon's Certificate No. A 44785
28 to Lingaiah Janumpally, M.D. (Respondent). The Physician's and Surgeon's Certificate was in

1 full force and effect at all times relevant to the charges brought in Accusation No. 800-2015-
2 018216, and will expire on May 31, 2018, unless renewed.

3 JURISDICTION

4 4. Accusation No. 800-2015-018216 was filed before the Board, and is currently
5 pending against Respondent. The Accusation and all other statutorily required documents were
6 properly served on Respondent on September 18, 2017. Respondent timely filed his Notice of
7 Defense contesting the Accusation.

8 5. A copy of Accusation No. 800-2015-018216 is attached as exhibit A and incorporated
9 herein by reference.

10 ADVISEMENT AND WAIVERS

11 6. Respondent has carefully read, fully discussed with counsel, and understands the
12 charges and allegations in Accusation No. 800-2015-018216. Respondent has also carefully read,
13 fully discussed with counsel, and understands the effects of this Stipulated Settlement and
14 Disciplinary Order.

15 7. Respondent is fully aware of his legal rights in this matter, including the right to a
16 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine
17 the witnesses against him; the right to present evidence and to testify on his own behalf; the right
18 to the issuance of subpoenas to compel the attendance of witnesses and the production of
19 documents; the right to reconsideration and court review of an adverse decision; and all other
20 rights accorded by the California Administrative Procedure Act and other applicable laws.

21 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
22 every right set forth above.

23 CULPABILITY

24 9. Respondent understands and agrees that the charges and allegations in Accusation
25 No. 800-2015-018216, if proven at a hearing, constitute cause for imposing discipline upon his
26 Physician's and Surgeon's Certificate.

27 10. For the purpose of resolving the Accusation without the expense and uncertainty of
28 further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual

1 basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest
2 those charges.

3 11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to
4 discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the
5 Disciplinary Order below.

6 CONTINGENCY

7 12. This stipulation shall be subject to approval by the Medical Board of California.
8 Respondent understands and agrees that counsel for Complainant and the staff of the Medical
9 Board of California may communicate directly with the Board regarding this stipulation and
10 settlement, without notice to or participation by Respondent or his counsel. By signing the
11 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek
12 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
13 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary
14 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
15 action between the parties, and the Board shall not be disqualified from further action by having
16 considered this matter.

17 13. The parties understand and agree that Portable Document Format (PDF) and facsimile
18 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile
19 signatures thereto, shall have the same force and effect as the originals.

20 14. In consideration of the foregoing admissions and stipulations, the parties agree that
21 the Board may, without further notice or formal proceeding, issue and enter the following
22 Disciplinary Order:

23 DISCIPLINARY ORDER

24 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 44785 issued
25 to Respondent LINGAIAH JANUMPALLY, M.D. is hereby publicly reprimanded pursuant to
26 Business and Professions Code section 2227. This Public Reprimand is issued in connection with
27 Respondent's actions as set forth in Accusation No. 800-2014-010487.

28 IT IS FURTHER ORDERED that Respondent comply with the following:

1 1. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days
2 of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment
3 program approved in advance by the Board or its designee. Respondent shall successfully
4 complete the program not later than six (6) months after Respondent's initial enrollment unless
5 the Board or its designee agrees in writing to an extension of that time.

6 The program shall consist of a comprehensive assessment of Respondent's physical and
7 mental health and the six general domains of clinical competence as defined by the Accreditation
8 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to
9 Respondent's current or intended area of practice. The program shall take into account data
10 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),
11 Accusation(s), and any other information that the Board or its designee deems relevant. The
12 program shall require Respondent's on-site participation for a minimum of three (3) and no more
13 than five (5) days as determined by the program for the assessment and clinical education
14 evaluation. Respondent shall pay all expenses associated with the clinical competence
15 assessment program.

16 At the end of the evaluation, the program will submit a report to the Board or its designee
17 which unequivocally states whether the Respondent has demonstrated the ability to practice
18 safely and independently. Based on Respondent's performance on the clinical competence
19 assessment, the program will advise the Board or its designee of its recommendation(s) for the
20 scope and length of any additional educational or clinical training, evaluation or treatment for any
21 medical condition or psychological condition, or anything else affecting Respondent's practice of
22 medicine. Respondent shall comply with the program's recommendations.

23 Determination as to whether Respondent successfully completed the clinical competence
24 assessment program is solely within the program's jurisdiction.

25 If Respondent fails to enroll, participate in, or successfully complete the clinical
26 competence assessment program within the designated time period, Respondent shall receive a
27 notification from the Board or its designee to cease the practice of medicine within three (3)
28 calendar days after being so notified. The Respondent shall not resume the practice of medicine

1 until enrollment or participation in the outstanding portions of the clinical competence assessment
2 program have been completed. If the Respondent did not successfully complete the clinical
3 competence assessment program, the Respondent shall not resume the practice of medicine until a
4 final decision has been rendered on the accusation and/or a petition to revoke probation. The
5 cessation of practice shall not apply to the reduction of the probationary time period.]

6 2. VIOLATION OF THIS AGREEMENT. Failure to comply with any term or
7 condition of this Agreement is unprofessional conduct in violation of Business and Professions
8 Code section 2234. If Respondent violates this agreement in any respect, the Board may file an
9 accusation and, after a hearing, discipline Respondent's license for unprofessional conduct in
10 violation of section 2234.

11 ACCEPTANCE

12 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
13 discussed it with my attorney, Thomas F. McAndrews. I understand the stipulation and the effect
14 it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement
15 and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
16 Decision and Order of the Medical Board of California.

17
18 DATED: 5/22/18 Lingiah Janumpally
19 LINGAIAH JANUMPALLY, M.D.
Respondent

20 I have read and fully discussed with Respondent Lingaiah Janumpally, M.D. the terms and
21 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
22 I approve its form and content.

23 DATED: 5/22/18 Thomas F. McAndrews
24 THOMAS F. McANDREWS
Attorney for Respondent

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Dated: 5/22/18

XAVIER BECERRA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General

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52901946.docx

Exhibit A

Accusation No. 800-2015-018216

1 XAVIER BECERRA
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 VLADIMIR SHALKEVICH
Deputy Attorney General
4 State Bar No. 173955
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5 300 So. Spring Street, Suite 1702
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6 Telephone: (213) 897-2148
Facsimile: (213) 897-9395
7 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO Sept. 18 20 17
BY [Signature] ANALYST

8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2015-018216

13 **Lingaiah Janumpally, M.D.**
42135 10th Street West, Suite 301
Lancaster, CA 93534

ACCUSATION

14 **Physician's and Surgeon's Certificate**
15 **No. A 44785,**

16 Respondent.

17
18 Complainant alleges:

19 **PARTIES**

20 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official
21 capacity as the Executive Director of the Medical Board of California, Department of Consumer
22 Affairs (Board).

23 2. On or about May 2, 1988, the Medical Board issued Physician's and Surgeon's
24 Certificate Number A 44785 to Lingaiah Janumpally, M.D. (Respondent). The Physician's and
25 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
26 herein and will expire on May 31, 2018, unless renewed.

27 ///

28 ///

JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2227 of the Code states:

“(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

“(1) Have his or her license revoked upon order of the board.

“(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

“(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

“(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

“(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

“(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.”

5. Section 2234 of the Code, states:

“The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

1 “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
2 violation of, or conspiring to violate any provision of this chapter.

3 “(b) Gross negligence.

4 “(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or
5 omissions. An initial negligent act or omission followed by a separate and distinct departure from
6 the applicable standard of care shall constitute repeated negligent acts.

7 “(1) An initial negligent diagnosis followed by an act or omission medically appropriate
8 for that negligent diagnosis of the patient shall constitute a single negligent act.

9 “(2) When the standard of care requires a change in the diagnosis, act, or omission that
10 constitutes the negligent act described in paragraph (1), including, but not limited to, a
11 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the
12 applicable standard of care, each departure constitutes a separate and distinct breach of the
13 standard of care.

14 “(d) Incompetence.

15 “(e) The commission of any act involving dishonesty or corruption which is substantially
16 related to the qualifications, functions, or duties of a physician and surgeon.

17 “(f) Any action or conduct which would have warranted the denial of a certificate.

18 “(g) The practice of medicine from this state into another state or country without meeting
19 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not
20 apply to this subdivision. This subdivision shall become operative upon the implementation of the
21 proposed registration program described in Section 2052.5.

22 “(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and
23 participate in an interview by the board. This subdivision shall only apply to a certificate holder
24 who is the subject of an investigation by the board.”

25 6. Section 2266 of the Code states: “The failure of a physician and surgeon to maintain
26 adequate and accurate records relating to the provision of services to their patients constitutes
27 unprofessional conduct.”

28 ///

1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Gross Negligence)**

3 7. Respondent Lingaiah Janumpally, M.D. is subject to disciplinary action under section
4 2234, subdivision (b) in that he committed an act of gross negligence. The circumstances are as
5 follows:

6 8. In the evening of August 10, 2011, patient S.S.¹, was brought by ambulance to the
7 emergency room at Antelope Valley Hospital after having been found on the floor by her family
8 members. The patient's clinical symptoms were inability to walk, confusion and altered level of
9 consciousness, which were the culmination of previous clinical complaints of dizziness, vertigo,
10 double vision and nausea. She was examined in the Emergency Department, where the
11 differential diagnosis was recorded as: "Acute encephalopathy[,] Acute Sepsis[,] Possible
12 Encephalitis [,] Leukocytosis [and] Vertigo." S.S. underwent a CT scan and an examination of
13 her spinal fluid, both of which were negative and showed no ongoing infectious process. S.S. was
14 then admitted to the hospital. To better define the nature of her clinical neurologic state,
15 neurology consultation was requested.

16 9. Respondent, who is a neurologist, examined S.S. and spoke with her family on
17 August 11, 2011. In the patient's chart note, Respondent noted a six-week history of weakness,
18 and that S.S. was previously admitted to Northridge Hospital twice. Respondent also noted a
19 history of cholecystectomy and history of gastric sleeve bypass surgery.

20 10. Thereafter, Respondent recorded his findings in the following dictated note:
21 "REASON FOR CONSULTATION: Altered level of consciousness, multiple admissions,
22 weakness, severe dizziness, vertigo and nausea.

23 "HISTORY: This 35-year-old white female is currently brought into the emergency room
24 with inability to walk, confusion and lethargic. Patient was found on the floor. The history is
25 obtained by talking to the mother and also the husband and I had spent a lengthy time getting the
26

27
28 ¹ Patient's initials are used for privacy. Respondent is either aware of the patient's
identity, or the patient's identity will be disclosed to the Respondent upon

1 proper history. The husband told me that the patient's mother has medical records from the
2 Northridge Hospital and she said she does not have it. The information indicated as per the
3 husband patient had gastric bypass surgery three and a half months ago at Northridge. She gave
4 me the name Dr. <____>. Obviously, this gastric bypass surgery is called gastric sleeve surgery.
5 Afterwards, she lost weight. She used to weigh more than 250 pounds. She was happy for about
6 one or two weeks. Later on, she started having dizziness, vertigo, weakness and double vision for
7 which she was readmitted to Northridge Hospital. Later on, she was told that she has some kind
8 of vestibular neuritis. Then one and a half weeks ago, she was admitted to Northridge Hospital for
9 gallbladder surgery. Then she went home. The home care nurse was coming and watching her. In
10 the last one or two days, she was feeling weak and unable to ambulate, confused, diplopic,
11 disorientation and dizziness and brought in here, had a spinal tap and the CSF is unremarkable.
12 CAT scan of the brain is unremarkable. In Northridge Hospital a week and a half ago, they did
13 MRI but she could not tolerate, claustrophobic, and the MRI was canceled. The Northridge
14 Hospital has confirmed that all these symptoms for the last six to eight weeks are unrelated to the
15 gastric sleeve surgery.
16

17
18 "Past history: Past medical history: As above. In the last few weeks, patient was also noted
19 to have a very high blood pressure.

20 "SOCIAL HISTORY: Denies smoking, alcohol abuse or drug abuse. She is married and she
21 works in Edwards Air Force Base as a budge [sic] analyst.

22 "When she was brought into the emergency room, patient was lethargic, had had a CAT
23 scan and cerebrospinal fluid unremarkable. Her white count is elevated, 16,700. Blood sugar is
24 117. BUN and creatinine are normal. PT, PTT and INR are unremarkable. Troponins are normal.
25 The spinal fluid is unremarkable. Patient had a white count elevation of 16,700 with polymorphs.
26 CSF: RBC 0, WBC 0, glucose 86, protein 43, Gram stain negative.
27
28

1 "PHYSICAL EXAM: Head, eyes, ears, nose and throat: Normocephalic. Carotids: No
2 bruits. Abdomen: Abdomen is soft.

3 "Neurological: Patient is extremely lethargic, arousable, does follow the commands
4 minimally. She claimed that she walked in the hallway today. I talked to the nurse. Since the
5 admission, she has never taken a walk and she has been lethargic, unarousable. Face looks
6 symmetric. The tongue is in the midline. Gag reflex is intact. Pupils do react to the light.
7 Unable to check for the motor function because of the lethargic state, lack of cooperation. Overall
8 reflexes are absent in the biceps, the triceps, the deltoid, knee jerk and ankle jerk. She has
9 weakness in all upper and lower extremities, appears to be around 3/5. But this is not the correct
10 information because she does not put much effort.
11

12 "DIAGNOSTIC DATA: The CAT scan is unremarkable.

13 "Cerebrospinal fluid is unremarkable.

14 "IMPRESSION: The patient seems to have generalized weakness with dizziness, vertigo
15 and double vision. It could vestibular neuritis [sic], but vestibular neuritis should not cause this
16 amount of lethargic state.
17

18 "RECOMMENDATIONS: I would go ahead and order for any neuromuscular junction
19 problems like myasthenia gravis. Acetylcholine receptor antibody will be ordered. The spinal
20 fluid does not indicate the possibility of Guillain-Barre and the history is really not clear, as she is
21 very complicated. Will also get the records from the Northridge Hospital. I will come by and see
22 the patient when the patient is more awake. Meanwhile, acetylcholine receptor antibody level,
23 intravenous fluids, EEG to rule out any subclinical seizure. Would try to avoid any sedation. She
24 is started on Levaquin by Dr. K[].
25

26 "I will follow with you.
27
28

1 "I discussed the situation with both mother and the husband. All this information is
2 obtained by talking to both of them."

3 11. Later in the day, on August 11, 2011, a Magnetic Resonance Imaging (MRI) of
4 S.S.'s brain was performed based on referral by a different physician. The radiologist's
5 impression noted "Areas of abnormally increased T2 signal within bilateral parieto-occipital
6 lobes, medial thalamus and posterior and mid brain could suggest posterior reversible
7 encephalopathy syndrome (PRES). Follow-up is recommended." Also, an EEG completed on
8 August 11, 2011 reported no seizure activity.

9 12. Respondent returned to examine S.S. on August 12, 2011. He noted that he spoke
10 to the patient's husband. Although Respondent did not record the patient's blood pressure at the
11 time, he noted that her blood pressure was stable, and that according to the patient's husband, the
12 patient had elevated blood pressure at home for one week after the cholecystectomy was done,
13 and that the home care nurse was coming and getting the blood pressure checked. Respondent
14 then diagnosed S.S. with late onset PRES² syndrome secondary to hypertension and dehydration.
15 Respondent ordered that the patient be given aspirin. Respondent once again noted that
16 cerebrospinal fluid was normal, indicating there was no sepsis or meningitis. Respondent then
17 noted that if patient does not keep up with nutrition, she would need N.G. tube, and that the
18 husband agreed. Respondent, however, ordered no nutritional testing, did not order nutritional
19 supplementation of the patient and did not request medical records from Northridge Hospital.

20 13. Respondent then rotated away from Antelope Valley Hospital, and the neurological
21 case of S.S. was transferred to another neurologist. Medical records from Northridge hospital
22 were requested by another physician on August 19, 2011 and were faxed on the same day. These
23 records showed a critically low level of B-12 vitamin.

24 14. A second magnetic resonance imaging (MRI) scan which was performed on or about
25 August 17, 2011, exhibited physical changes that highlighted a diagnosis of Wernicke's
26

27 ² PRES stands for Posterior reversible encephalopathy syndrome, typically characterized
28 by headache, confusion and seizures. It is predominantly caused by hypertension.

1 encephalopathy³. The patient was also found to have bilateral lower lobe pneumonia, and required
2 intubation due to respiratory failure. Empiric therapy with intravenous thiamine was begun, but
3 the patient's condition did not improve. A feeding tube was placed on or about August 28, 2011
4 and the patient was subsequently transferred to a long- term acute care facility on or about
5 September 6, 2011, where she died on or about December 29, 2012.

6 15. Each of the following, taken together or separately, represents an extreme departure
7 from the standard of care by Respondent:

8 A. On or about August 11, 2011, Respondent failed to recognize clinical presentation of
9 patient S.S.'s encephalopathic state, an extreme departure from the standard of care
10 which led to Respondent's failure to formulate an appropriate differential diagnosis for
11 patient S.S.

12 B. On or about August 12, 2011, after reviewing the patient's symptoms and MRI results
13 of a patient with a history of bariatric weight loss surgery, which were consistent with
14 thiamine deficiency, Respondent failed to consider that the patient's symptoms could
15 have been caused by a thiamine deficiency, an extreme departure from the standard of
16 care.

17 SECOND CAUSE FOR DISCIPLINE

18 (Repeated Negligent Acts)

19 16. Respondent is subject to disciplinary action under section 2234, subdivision (c) of the
20 Code in that Respondent committed repeated negligent acts in the care and treatment of S.S. The
21 circumstances are as follows:

22 17. The allegations of the First Cause for Discipline are incorporated herein by reference
23 as if fully set forth.

24 ///

25 ///

26 _____
27 ³ Wernicke's encephalopathy is a serious, potentially fatal, brain disorder caused by a lack
28 of vitamin B-1, also known as thiamine. It is characterized by the triad of symptoms consisting of
ophthalmoplegia (weakness of eye muscles), ataxia (loss of control of bodily movement), and
confusion.

THIRD CAUSE FOR DISCIPLINE

(Incompetence)

18. Respondent is subject to disciplinary action under section 2234, subdivision (d) of the Code in that he was incompetent in his care and treatment of patient S.S. The circumstances are as follows:

19. The allegations of the First and Second Cause for Discipline, inclusive, are incorporated herein by reference as if fully set forth.

20. Each of the following demonstrates a lack of knowledge and/or ability by Respondent:

A. Respondent evaluated S.S. in neurologic consultation on August 11, 2011 and noted that the patient was lethargic, poorly arousable and could barely move her limbs. Put together most consulting neurologists would conclude that the patient is in an encephalopathic state from a process affecting the brain in a diffuse manner. However, Respondent concluded that the patient was suffering from "generalized weakness with dizziness, vertigo and double vision. It could (be) vestibular neuritis, but vestibular neuritis should not cause this amount of lethargic state." This impression demonstrates a very weak understanding of how the nervous system functions and also demonstrates a very weak understanding of the various neurologic disease states.

B. Respondent ordered studies to rule out the condition Myasthenia Gravis. Myasthenia Gravis is a neurologic condition that affects neuromuscular transmission with consequential motor weakness but does not affect the brain and does not directly cause an encephalopathic state. The ability to make this distinction is basic clinical neurology and most practicing neurologists would know this neurologic information and would not order testing for Myasthenia Gravis in a patient who is in an encephalopathic state.

C. Respondent reported that he would "return to see the patient when she was more awake." This demonstrates a very poor understanding by Respondent that the

1 patient S.S. was in an encephalopathic state and it was required that he
2 investigate more thoroughly the nature of her impaired state and not just simply
3 "return to see the patient was she was more awake."

4 D. Respondent was aware that S.S. had a history of gastric sleeve bypass surgery.
5 The August 11, 2011 MRI results indicate that there were signal changes at the
6 medial thalamus and the mid-brain portion of the brainstem. Respondent failed to
7 recognize that these MRI findings in a gastric sleeve patient could have been
8 consistent with thiamine deficiency, and to include thiamine deficiency in his
9 differential diagnosis of S.S.

10 **FOURTH CAUSE FOR DISCIPLINE**

11 **(Inadequate Record Keeping)**

12 21. Respondent is subject to disciplinary action under section 2266 of the Code in that
13 Respondent failed to maintain adequate and accurate records related to the provision of medical
14 services to patient S.S. The circumstances alleged in the First and Second Causes for Discipline
15 are incorporated herein by reference as if fully set forth.

16
17 **FOURTH CAUSE FOR DISCIPLINE**

18 **(Unprofessional Conduct)**

19 22. Respondent is subject to disciplinary action under section 2234 of the Code in that
20 Respondent committed unprofessional conduct generally in his care and treatment of patient S.S.
21 The allegations of the First and Second Causes for Discipline are incorporated herein by reference
22 as if fully set forth.

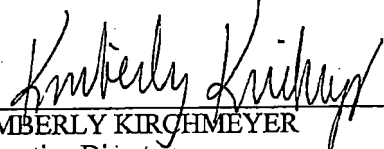
23
24 **PRAYER**

25 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
26 and that following the hearing, the Medical Board of California issue a decision:

27 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 44785,
28 issued to Lingaiah Janumpally, M.D.;

- 1 2. Revoking, suspending or denying approval of Lingaiah Janumpally, M.D.'s authority
2 to supervise physician assistants and advanced practice nurses;
3 3. Ordering Lingaiah Janumpally, M.D., if placed on probation, to pay the Board the
4 costs of probation monitoring; and
5 4. Taking such other and further action as deemed necessary and proper.

6
7 DATED: September 18, 2017


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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